

FEMP ACCESS REQUEST

(Note: Picture ID required)

FAX NUMBERS: Visitors - 648-5606
Permanent - 648-5599

TO BE COMPLETED BY REQUESTOR					TO BE COMPLETED BY	
<div>_____ US CITIZEN</div> <div>_____ NON-US CITIZEN</div> <div>(CONTACT SECURITY 648-5602)</div> <div>COUNTRY _____</div>		<div>ACCESS TYPE:</div> <div>_____ VISITOR _____ DOE-FN</div> <div>_____ PERMANENT SUBCONTRACTOR _____ TEMPORARY SUBCONTRACTOR</div> <div>_____ CONSTRUCTION VISITOR _____ CONSTRUCTION SUBCONTRACTOR</div> <div>_____ SHORT-TERM TEAMING PARTNER</div> <div>EXEMPTION: _____ SUBSTANCE ABUSE PROGRAM (SAP) _____ CLASSROOM TRAINING</div> <div>AREA TO BE VISITED: _____ ADM. ZONE _____ RADIOLOGICAL CONTROL ZONE</div> <div>SAFETY SENSITIVE POSITION? G YES G NO (See back)</div>			<div>_____ BADGE NUMBER ISSUED:</div> <div>_____ FORMER BADGE NUMBER:</div>	
PERSONAL INFORMATION	Name: (Last, First, Middle Initial)			DATE OF BIRTH:	SEX: G MALE G FEMALE	
	PREFERRED FIRST NAME: (FOR PERMANENT BADGE)			SOCIAL SECURITY NUMBER:		
	PERMANENT HOME ADDRESS:					
STREET:		CITY:	STATE:	ZIP CODE:		
EMPLOYER INFORMATION	COMPANY NAME:			COMPANY TELEPHONE NO: ()		
	COMPANY ADDRESS:					
	STREET:		CITY:	STATE:	ZIP CODE:	
JOB CODE: _____ JOB TITLE: _____ (See back for Construction Subcontractors)		COMPANY HOME OFFICE CONTACT:				
DATE(S) ACCESS REQUIRED:	START DATE: ____/____/____ END DATE: ____/____/____ (Maximum 1 Year)			MIT BADGE ONLY _____ to _____		
ON SITE CONTACT/SUPERVISOR (PRINTED):					TELEPHONE NO:	
SIGNATURE OF AUTHORIZER (FOR VISITORS) OR TECH. REP. (FOR SUBS. & TEAMING PARTNERS): (Construction Subcontractor is Site Contact and Authorizer)					BADGE NO:	
MEDICAL REQUIREMENTS						
PHYSICAL EXAM REQUIRED? _____ YES _____ NO						
BASELINE PHYSICAL INCLUDING: _____ LEAD WORKER _____ ASBESTOS WORKER _____ RESPIRATOR WEARER						
TRAINING REQUIREMENTS						
_____ CONSTRUCTION RULES & REGULATIONS		_____ RESPIRATOR		_____ HAZARDOUS ENERGY & MATERIAL		
_____ GENERAL EMPLOYEE TRAINING (GET)		_____ ASBESTOS O&M		_____ CONTROL (LOCK & TAG)		
_____ SITE WORKER TRAINING (SWT)		_____ ASBESTOS ABATEMENT WORKER		_____ LEAD WORKER		
_____ RADIOLOGICAL WORKER I (RAD I)		_____ ASBESTOS ABATEMENT PRACTICES		_____ OSHA OUTREACH (____30HR / ____10HR)		
_____ RADIOLOGICAL WORKER II (RAD II*)		_____ (CONTRACTOR/SUPERVISOR)		_____ 29 CFR 1910.120 SUPERVISOR TRAINING		
(*BASELINE IN VIVO REQUIRED)		_____ CONFINED SPACE		_____ OTHER _____		
DOSIMETRY REQUIREMENTS						
YOUR ESTIMATED WHOLE BODY DOSE RECEIVED AT NON-FERNALD SITE FACILITIES IS:						
(____mrem) THIS CALENDAR QUARTER (____mrem) THIS CALENDAR YEAR]						
BIOASSAY: _____ SAMPLE NUMBER		_____ BASELINE IN-VIVO*		HAVE YOU BEEN ADMINISTERED RADIOPHARMACEUTICALS		
_____ SAMPLE DATE		DATE: _____		WITHIN THE LAST MONTH?		
_____ THORIUM SAMPLE		_____ YES _____ NO				
RADIOLOGICAL ESCORT REQUIRED? _____ YES _____ NO				DATE:	BADGE:	TELEPHONE NO:
ESCORT SIGNATURE: _____ PRINTED _____						
Escort is responsible for ensuring that the visitor has completed training requirements contained in SE-001						
SIGNATURE OF TLD RECIPIENT: _____				DATE:	REVIEWED BY: (INITIALS)	DATE:
DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY DOSIMETRY						
EMPLOYMENT STATUS: _____ (A) MONITORED WORKER _____ (B) NON-EMPLOYEE RADIATION WORKER _____ (C) MONITORED VISITOR						
DOE OCCUPATION CODE:	CONTRACT CODE:	TLD NUMBER:	ISSUE DATE:	RETURN DATE:	PERMANENT BADGE REQUESTED? _____	
					LOCATION _____	
TLD RESULTS: _____ SKIN _____ WHOLE BODY _____ RADIATION TYPE _____					SECURITY BADGE NO:	
Section 301 of Title 10 to US Code authorizes collection of this information. The primary use of this information is to allow for accurate recording and tracking of your radiation exposure at the Fernald site and other nuclear facilities. Additional disclosures of the information may be: To DOE contractors in performance of their contracts; to the DOE, Department of Health, and Human services, Department of Labor and other organizations for epidemiological studies; and to legal organizations for court proceedings. Failure to provide all or part of the requested information may result in your not being issued a personal radiation monitoring device and subsequently being denied access to the radiological area(s).						

CONSTRUCTION SUBCONTRACTORS

JOB CODES FOR CONSTRUCTION SUBCONTRACTORS

CONSTRUCTION CRAFT, INCLUDING FOREMEN <i>Check the Appropriate Position:</i>				CONSTRUCTION SUBCONTRACTOR STAFF <i>Check the Appropriate Position:</i>			
%	Craft	Code	Safety Sensitive Position?	%	Staff	Code	Safety Sensitive Position?
	Asbestos/Instructor Worker	CN01	YES		Administrative	GC08	NO
	Boilermaker	CN02	YES		Office Engineer	EP01	NO
	Bricklayer	CN03	YES		Construction Engineer	OP12	YES
	Carpenter	CN0006	YES		Construction Superintendent	OP12	YES
	Cement Mason	CN04	YES		Cost/Scheduler/Estimator	AN01	NO
	Electrician	CN0022	YES		Engineering Aid/Technician	NE04	NO
	Floor Layer	CN05	YES		Project/Construction Manager	EP05	NO
	Glazer	CN06	YES		Health and Safety Representative	TA04	NO
	Ironworker (Rebar)	CN07	YES		Quality Representative	EO05	YES
	Ironworker (Structural)	CN07	YES				
	Lather	CN08	YES				
	Laborer (Construction)	CN38	YES				
	Millwright	CN0050	YES				
	Operating Engineer (Operator)	CN09	YES				
	Painter	CN0054	YES				
	Pile Driver (Driller)	CN10	YES				
	Pipefitter	CN0055	YES				
	Plumber	CN11	YES				
	Plasterer	CN12	YES				
	Roofer	CN13	YES				
	Sheetmetal Worker	CN14	YES				
	Sprinkler Fitter	CN15	YES				
	Tile Finisher	CN16	YES				
	Tile Layer	CN17	YES				

NON-CONSTRUCTION JOB CODES

To obtain Non-Construction Job Codes, please view FERMCO Human Resources job codes (listing in IPEx), or hard copy can be obtained by contacting Security at 648-3667.

Any questions concerning job codes, please contact Medical at 648-4442 or 648-4433.

SAFETY SENSITIVE POSITION CHECKLIST

WILL THE INDIVIDUAL:

- | | Yes | No | |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Have unescorted access to the controlled area of the FEMP? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Be working at unprotected heights (for example ladders and scaffolds)? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Be working with or operating of hazardous moving machinery or equipment? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Be operating a motor vehicle (forklifts, cars, or trucks)? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Be working with a hazardous substance that could cause significant injury or illness? |

If you answered "yes" to any of these questions the applicant is required to receive a confirmed negative drug test result prior to badge issuance and reporting to work.

Please schedule testing at least three working days prior to expected work date. To schedule drug testing, contact Medical Services (513) 648-4433.